

Fundamentals of HIV Prevention Counseling

Course Dates:

August 1-2, 2007
Greenville, SC

September 10-11, 2007
Charleston, SC

All trainings will begin promptly at 9 a.m.

Registration form

For registration, cancellation, or course information contact:

James Harris, Jr.
STD/HIV Division
Training Coordinator
1751 Calhoun Street
Columbia, South Carolina 29201
Phone: 803-898-0480
Fax: 803-898-0573
Email: harrisj@dhec.sc.gov

Deadline for registration is 10 business days prior to the training

Course Description: This 2-day training prepares attendees to provide client-centered HIV pre- and post-test counseling. Emphasis will be placed on helping clients make informed testing decisions, providing test results, and working with clients to reduce their risks for HIV infection or transmission. The training is based on well-established and proven behavior change strategies. Attendees can expect an engaging, interactive and supportive training experience.

Topics to be discussed are:

- The role of counselor characteristics in providing effective HIV testing services.
- Effective communication skills.
- HIV risk reduction and behavior change strategies, including
 - HIV risk assessment, safer goal setting and action planning.
- Required elements of HIV test counseling, including
 - Key information to share in order to motivate and help clients make good testing decisions
 - Motivating clients to return for test results
 - Helping clients develop a risk reduction/prevention plan appropriate to their HIV test results.
- Information regarding policies and procedures, such as
 - Informed consent, Confidentiality, and HIV reporting

Prerequisites:

- HIV, STD, and S.C. Law or an equivalent HIV Facts based course.
- American Red Cross African American HIV Education and Prevention Instructor Course.

Audience:

All Health and Human Services Providers

Instructor (s):

Bill Hight, Ph. D

Training Hours:
13.5

Continuing Education Units available.



STD/HIV Division

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Registration Form

Completion of this form indicates your intentions to attend the course indicated. This registration will not be processed without your supervisor's signature. **You will receive confirmation of enrollment when your registration is processed. All DHEC courses will be limited to the first 20 individuals registered.**

Name: _____
District or Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Evening: _____
Fax: _____
E-mail Address: _____

Type of Agency (check one):

- | | | |
|-------------------------------------------------------------|---------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> State Health Dept. or Professional | <input type="checkbox"/> Local Health Dept. | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Non-governmental Org. | <input type="checkbox"/> Private Medical Provider | <input type="checkbox"/> Corrections |
| <input type="checkbox"/> DHEC Funded Prevention Contractor | <input type="checkbox"/> Other _____ | |

Mark the course date and location you are requesting:

___ August 1-2, 2007	Greenville, SC
___ September 10-11, 2007	Charleston, SC

*HIV, STD, and SC STD/HIV Law are prerequisite for the above course. Please indicate the following information regarding each:

Date and location: _____
Instructor's Name: _____

Supervisor's Signature: _____

(Your supervisor **must** sign this form to indicate knowledge and agreement with your registration.)

For additional information contact James Harris, Jr. STD/HIV Division Training Coordinator at 803-898-0480 or by e-mail at harrisj@dhec.sc.gov. Fax registration forms to 803-898-0573. Deadline for registration is ten business days prior to all training dates.